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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36658

STATE FILE NUMBER

Registration District No. 210

Primary Registration District No. 5774

Registrar's No. 66

1. PLACE OF DEATH Mercer a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, give TOWNSHIP only) Ravanna Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Ravanna		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****			Length of stay in lb 8 yrs.	d. STREET ADDRESS Ravanna Township		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Issac Clinkenbeard				4. DATE OF DEATH Nov. 10 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8-1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 24 HRS. Hours 2 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Dekatur, Neb.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Wesley Clinkenbeard				14. MOTHER'S MAIDEN NAME Mary Elizabeth Crum			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 508-20-1086		17. INFORMANT Horace R. Clinkenbeard Address Ravanna, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular-renal Disease; with s special reference to the degree of kin- ney involvement. Died in uraemic com. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 442XA DUE TO (c) 442XA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) *ray of chest taken July 29th suggested suspicion of tuberculosis. Never could be proved.							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SELF-DESTRUCTION <input type="checkbox"/> OTHER <input type="checkbox"/> (Specify in Part II of item 18.)							
20c. TIME OF INJURY Hour 8 a.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Howe		COUNTY Nebraska	
21. I attended the deceased from Sept 29, 1956 to Sept 10-57 and last saw her/him alive on Sept 9, 1957 Death occurred at 8 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. C. Clinkenbeard (Degree or title)				22b. ADDRESS Princeton, Mo.		22c. DATE SIGNED 11/9/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-12-1957	23c. NAME OF CEMETERY OR CREMATORY Beford Cemetery		23d. LOCATION (City, town, or county) Howe		(State) Nebraska
24. FUNERAL DIRECTOR Martin Funeral Home ADDRESS Princeton, Mo.				25. DATE RECD. BY LOCAL REG. 11-9-57		26. REGISTRAR'S SIGNATURE Sheel Mort	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address *Lima, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.